					•		
٠	>Please typo	eulo a	skin (4	1 Inside	this box	->	144

PTO/SB/01 (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR		Attorney Docket Number 28/4/2-19					
		First Named Inventor PRUNO ZUMBUHL					
UTILITY OR DE	COMPLETE IF KNOWN						
PATENT APPLIC	Application Number						
☐ Declaration ☐ Dec	claration	Filing Date					
Submitted OR Sub	omitted after	Group Art Unit			· ·		
Filing	al Filing	Examiner Name					
As a below named inventor, I hereby My residence, post office address, and I believe I am the original, first and sole names are listed below) of the subject. THATADED CLOSUD the specification of which Is attached hereto OR Was filed on (MM/DD/YYY) Application Number I hereby state that I have reviewed and amended by any amendment specifical I acknowledge the duty to disclose infor § 1.56.	i chizenship are as a priventer (if only on matter which is claim to a claim	e name is listed below) of med and for which a pate TAISTER IN The Invention) as United as united as mended on (MM/DD/Y) Items of the above identification.	or an original, in the sought of the sought	ation Number or P	CT international (if applicable).		
I hereby claim foreign priority benefits ur patent or inventor's certificate, or \$365 (a United States of America, listed below a inventor's certificate, or of any PCT inter claimed.	nder Title 35, United a) of any PCT internand have also ident rnational application	d States Code §119 (a)- ational application which lified below, by checking a having a filing date be	(d) or § 365(b) designated at the box, any fore that of the	of any foreign and t least one country foreign application a application on w	pplication(s) for other than the n for patent or which priority is		
Prior Foreign Application Number(e)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		NO NO		
			000000	00000			
Additional foreign application numbers							
I hereby claim the benefit under Title 35 Application Number(s)	, United States Cod Filing Date (M						
	Otropic 12,		numbe	onal provisional ors are listed on emental priority o SB/02B attached	a data shoot		

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MANUAL OF PATENT EXAMINING PROCEDURE

Number Number Number Number Number Number Number Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached here and Trademark Office connected therewith: Caustomer Number and Trademark Office connected therewith: Name and Trademark Office on the Trademark Office on T	DE	CLARATIO	<u>U — И</u>	tility or	· De	sign l	Pate	nt A	ppli	catio	on
U.S. Parent Application Number PCT Parent Number Parent Filing Date (NAW/DD/YYY) Parent Patent Nur (If applicable, Number (III applicable)) Additional U.S. or PCT international application numbers are listed on a supplemental priority data shoot PTO/SB/N2B attached here As a named inventor, I hereby appoint the following registered practitioner(s) to presecute this application and to transact all business in the and Tradomark Office connected therewith: Caustomer Number OR Registration Name Registration Registered practitioner(s) name/registration Name Registration Registration	application de	signating the United States or I	es of America, lic PCT Internations	itod below and, i I application in ti	nsolar ac 10 manno	s the aubject a or provided by	o lo rollan U tesil odt	ach of the	ciaima o of Titlo 3	of this appl 35. United	cation is States C
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the and Trademark Office connected therewith: Customer Number	U.S. Pa	ent Application	PCT	Paront	Pa	Parent Filing Date P			aront Patont Numbo		
As a named inventor, i hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the and Tradomank Office connected therewith: Customer Number	and the second of the second o										
and Trademark Office connected therewith: Customer Number Place Customer Place Customer Number Place Customer Number Place Customer Place Customer	Additions	I U.S. or PCT Internation	al application nu	nbers are listed	on a sup	plemental pric	ority data s	hoot PTO	SB/02B	attached t	oreto.
Name Number Number Number Number Number Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/O2C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label or Bar Code Label OR Correspondence address Name Liquiles & Temko Address City Verific. Country US IT Tetaphone 105529-7568 Fax 227-572 Inherety declare that all statements made herein of my own knowledge are true and that all statements made not information and be believed to be true; and further that these statements were made with the knowledge that full states attendents made not information and be believed to be true; and further that these statements were made with the knowledge that full states attendents and the like of an punishable by fine or imprisonment, or both, under Section 1001tol Ailo 10 of the United States Code and that such willful false statements and the like of an punishable by fine or imprisonment, or both, under Section 1001tol Ailo 10 of the United States Code and that such willful false statements and the like of an punishable by fine or imprisonment, or both, under Section 1001tol Ailo 10 of the United States Code and that such willful false statements and the like of an punishable by fine or imprisonment, or both, under Section 1001tol Ailo 10 of the United States Code and that such willful false statements and the like of an punishable by fine or imprisonment, or both, under Section 1001tol Ailo 10 of the United States Code and that such willful false statements and the like of an punishable by fine or imprisonment, or both, under Section 1001tol Ailo 10 of the United States Code and that such willful false statements and the like of the punishable by fine or imprisonment, or both, under Scates Code and that all statements and the like of the punishable by fine or imprisonment, or both, under Scates Code and that all statements and the like of the punishable by fine or imprisonment, or like like of the like of the l	As a named in	ventor. I heroby appoint to	he following regi vith: Custor OR	stered practitions ner Number	er(s) to pr	osecute this	npplication	and to tra	nsact all	businoss laco Cusi umber Bar	In the Pa omer Code
Additional registered practitioner(e) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address		Nama					Name)	Registrati		
Address City Welty The Telephone 205(219-7368 Fax 217-54) I hereby declare that all statements made herein of my own knowledge are true and further that these statements were made with the knowledge that willful false statements and the like so me punishable by fine or imprisonment, or both, under Section 1001 of title 18 of the United States Code and that such willful false statement is popardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if anyl) Family Name or Sumeme TOURBUNG TOURBUNG Post Office Address 180) North (Yentucky Five Post Office Address	Direct all cor	respondence to:	Customer Nu or Bar Code L	nber	rod Pract	itioner inform					
City Worther State CT ZIP 06880 Country USIF Telephone 205/229-7368 Fax 227-5UV I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and be believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so me punishable by fine or imprisonment, or both, under Section 1001 of Acide 18 of the United States Code and that such willful false statement is punishable by fine or imprisonment, or both, under Section 1001 of Acide 18 of the United States Code and that such willful false statement is punishable by fine or imprisonment, or both, under Section 1001 of Acide 18 of the United States Code and that such willful false statement is punishable by fine or imprisonment, or both, under Section 1001 of Acide 18 of the United States Code and that such willful false statement is punishable by fine or imprisonment, or both, under Section 1001 of Acide 18 of the United States Code and that such willful false statement is punishable by fine or imprisonment, or both, under Section 1001 of Acide 18 of the United States Code and that all statements and on Information and be believed to be function and the like so me punishable by fine or imprisonment, or both false and the like so me punishable by fine or imprisonment, or both false and the like so me punishable by fine or imprisonment and on Information and be believed to be function of the United States Code and that all statements and on Information and be believed to be function of the United States Code and that all statements and on Information and be believed to be function of the United States Code and that all statements and the like so me punishable by fine or imprisonment, or both false and the like so me punishable by fine or imprisonment, or both false and the like so me punishable by fine application or any patient false and the like so me punishable by fine application or any patient false and the like so me punishable by fine a											
Country USIF Tolephone 205(219-7368 Fax 227-542) I hereby declare that all statements made herein of my own knowledge are true and that all statements made information and believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so me punishable by fine or imprisonment, or both, under Section 1001 of Aillo 18 of the United States Code and that such willful false statement to popuratize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Sumeme SRUM ZUMBUHL Inventor's Signature Family Name or Sumeme Chitzenship Family North IXentucky First Chitzenship Family North IXentucky First	Address										
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and be believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so me punishable by fine or imprisonment, or both, under Section 1001 of Atile 18 of the United States Code and that such willful false statement isopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Sumame TUMBUNL Inventor's Signature Residence: City FVANSULLE State 1 N country Citizenship V Post Office Address 180) North (Yentuchy Five											<u>. 6</u>
believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so mushshable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statement joepardize the validity of the application or any patent issued thereon. Name of Sole or First inventor: Given Name (first and middle [if any]) Femily Name or Surneme TUMBUYL Inventor's Signature Residence: City FYANSVILLE State 1 N Country Citizenship W Post Office Address 180) North (Yentuchy Five	Country	0518	To	lephone 20	3/22	<u>- </u>		Fax -	<u> </u>	-54	٢٦
Given Name (first and middle [if any]) Fomily Name or Sumamo TUHBUHL Inventor's Signature Brund Ruwbhall Date 7/ Residence: City Fomily Name or Sumamo Citizenship Fomily Name or Sumamo Fomily Name or Sumamo Citizenship Fomily Name or Sumamo Fomily Na	believed to be punishable by	Irue; and further that th line or imprisonment, or l	ese statements both, under Sect	were made with ion 1001 of Title	the kee	windon that	willful fals	o stateme	han sta	the like at	mada
Inventor's Signature - Brund TUMBUHL Residence: City E-VARBULLE State 1N Country CAR Citizenship & Post Office Address 1801 North Itentucky FVE		ole or First invente	or:			A polition has been filed for this unsigned inventor					
Inventor's Signature Residence: City EVANSVILLE State 1N Country CVSR Citizenship V- Post Office Address 1801 North Izentucky Five	Name of S		ilddlo [if any])								
Post Office Address 180) North Izentucky Five		ven Name (first and m		2 . 2 5 . 2 5						1 200 - 12/2	
Post Office Address 1801 North Kentucky Ave	G Inventor's	von Name (first and m	\G						() .) l	9/2/
	Inventor's Signature	十	\ <i>G</i>		, , _	Bra	noty	nobra			7/24 V.S
	Inventor's Signature Residence: (City EVANS VI	G LLE	State 7 A	<u>د</u> د	Bra ountry C	noty	mbra			7/2/
City State 1 N ZIP 477/1 Country USF)	inventor's Signature Residence: (City EVANSVI	LLE North le	State 7 A	<u>د</u> د	Bra ountry C	noty	sword			7/24

[Pago 2 of 2]<

supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached horoto